

**IN THE UNITED STATES BANKRUPTCY COURT
FOR THE WESTERN DISTRICT OF TEXAS
EL PASO DIVISION**

IN RE: Jose Luis Rojas

§

CASE NO. 14-31345

§

Debtor

§

CHAPTER 13

AMENDED SCHEDULES E, I & J

The above named debtor hereby amends Schedules **E, I & J** and declares under penalty of perjury that the foregoing amendments are true and correct to the best of his knowledge, information and belief.

Dated this the 26th day of November, 2014

Respectfully Submitted,

WATSON LAW FIRM, P.C.

1123 E. Rio Grande Ave.

El Paso, TX 79902

(915) 562-4357 Tel.

Fax: (866) 201-0967

/s/ Matt Watson

Matt Watson

SBN: 24028878

watsonandmaynez@gmail.com

Attorney for the Debtor

CERTIFICATE OF SERVICE

I, the undersigned, do hereby certify that a true and correct copy of the foregoing document was served electronically to each of the following recipients to include the Chapter 13 Trustee and US Trustee & all parties previously requesting ECF notice as well as to each creditor and/or party in interest shown on the attached creditor matrix by ECF notice or first class mail on this November 26, 2014:

/s/W. Matt Watson
W. Matt Watson

CREDITOR MATRIX

Accubank Mortgage
12377 Merit Drive Suite
600
Dallas, TX 75251

Amsher Coll
600 Beacon Pkwy We
Birmingham, AL 35209

Bank of America
Attn: Correspondence
Unit/CA6-919-02-41
PO Box 5170
Simi Valley, CA 93062

Bradley R. Sims
125 W Griggs
Las Cruces, NM 88001

Chase
Po Box 24696
Columbus, OH 43224

Clear Spring Loan Serv
7668 Warren Pkwy Ste
325
Frisco, TX 75034

Dona Ana County
Assessor
845 N. Motel Blvd
Las Cruces, NM 88007

El Paso Tax
Assessor-Collector
221 North Kansas Suite
300
El Paso, Texas 79901

Krista Marie Perea
4050 N. Stanton
El Paso, TX 79902

Linebarger Goggan Blair
& Sampson, LLP
711 Navarro, Suite 300
San Antonio, TX 78205

Los Rancho Del Rio HOA
PO Box 2914
Sunland Park, 88063

Midland Funding
8875 Aero Dr Ste 200
San Diego, CA 92123

Nationstar Mortgage LLC
Attn: Bankruptcy
350 Highland Dr
Lewisville, TX 75067

Ocwen Loan Servicing I
4828 Loop Central
Houston, TX 77081

Office of the Attorney
General of Texas
6090 Surety Dr. Ste. 250
El Paso, TX 79905

PNC Mortgage
3232 Newmark Dr
Miamisburg OH 45342

Southwest Support Group
5011 Indian School Road
NE
Albuquerque, NM 87110

The Castle Law Group,
LLC
20 First Plaza NW Suite
#602
Albuquerque, NM 87102

University of Texas at El
Paso
500 West University
Avenue
El Paso, TX 79968

In re **Jose Luis Rojas**

Case No. **14-31345**
(If Known)

AMENDED
SCHEDULE E - CREDITORS HOLDING UNSECURED PRIORITY CLAIMS

☐ Check this box if debtor has no creditors holding unsecured priority claims to report on this Schedule E.

TYPES OF PRIORITY CLAIMS (Check the appropriate box(es) below if claims in that category are listed on the attached sheets.)

☒ **Domestic Support Obligations**

Claims for domestic support that are owed to or recoverable by a spouse, former spouse, or child of the debtor, or the parent, legal guardian, or responsible relative of such a child, or a governmental unit to whom such a domestic support claim has been assigned to the extent provided in 11 U.S.C. § 507(a)(1).

☐ **Extensions of credit in an involuntary case**

Claims arising in the ordinary course of the debtor's business or financial affairs after the commencement of the case but before the earlier of the appointment of a trustee or the order for relief. 11 U.S.C. § 507(a)(3).

☐ **Wages, salaries, and commissions**

Wages, salaries, and commissions, including vacation, severance, and sick leave pay owing to employees and commissions owing to qualifying independent sales representatives up to \$12,475* per person earned within 180 days immediately preceding the filing of the original petition, or the cessation of business, whichever occurred first, to the extent provided in 11 U.S.C. § 507(a)(4).

☐ **Contributions to employee benefit plans**

Money owed to employee benefit plans for services rendered within 180 days immediately preceding the filing of the original petition, or the cessation of business, whichever occurred first, to the extent provided in 11 U.S.C. § 507(a)(5).

☐ **Certain farmers and fishermen**

Claims of certain farmers and fishermen, up to \$6,150* per farmer or fisherman, against the debtor, as provided in 11 U.S.C. § 507(a)(6).

☐ **Deposits by individuals**

Claims of individuals up to \$2,775* for deposits for the purchase, lease or rental of property or services for personal, family, or household use, that were not delivered or provided. 11 U.S.C. § 507(a)(7).

☐ **Taxes and Certain Other Debts Owed to Governmental Units**

Taxes, customs duties, and penalties owing to federal, state, and local governmental units as set forth in 11 U.S.C. § 507(a)(8).

☐ **Commitments to Maintain the Capital of an Insured Depository Institution**

Claims based on commitments to the FDIC, RTC, Director of the Office of Thrift Supervision, Comptroller of the Currency, or Board of Governors of the Federal Reserve System, or their predecessors or successors, to maintain the capital of an insured depository institution. 11 U.S.C. § 507(a)(9).

☐ **Claims for Death or Personal Injury While Debtor Was Intoxicated**

Claims for death or personal injury resulting from the operation of a motor vehicle or vessel while the debtor was intoxicated from using alcohol, a drug, or another substance. 11 U.S.C. § 507(a)(10).

☒ **Administrative allowances under 11 U.S.C. Sec. 330**

Claims based on services rendered by the trustee, examiner, professional person, or attorney and by any paraprofessional person employed by such person as approved by the court and/or in accordance with 11 U.S.C. §§ 326, 328, 329 and 330.

** Amounts are subject to adjustment on 4/01/16, and every three years thereafter with respect to cases commenced on or after the date of adjustment.*

In re **Jose Luis Rojas**

Case No. 14-31345

(If Known)

AMENDED

SCHEDULE E - CREDITORS HOLDING UNSECURED PRIORITY CLAIMS

| | |
|------------------|------------------------------|
| TYPE OF PRIORITY | Domestic Support Obligations |
|------------------|------------------------------|

| CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.) | CODEBTOR | HUSBAND, WIFE, JOINT, OR COMMUNITY | DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM | CONTINGENT | UNLIQUIDATED | DISPUTED | AMOUNT OF CLAIM | AMOUNT ENTITLED TO PRIORITY | AMOUNT NOT ENTITLED TO PRIORITY, IF ANY |
|--|----------|---------------------------------------|--|------------|--------------|----------|-----------------------|-----------------------------------|---|
| | | | | | | | | | |
| ACCT #: | | | DATE INCURRED: CONSIDERATION: Child Support REMARKS: - Debtor pays current and any past due amounts as medical support in lieu of child support. | | | | Unknown | Unknown | Unknown |
| Krista Marie Perea 4050 N. Stanton El Paso, TX 79902 | | | | | | | | | |
| Representing: Krista Marie Perea | | | Office of the Attorney General of Texas 6090 Surety Dr. Ste. 250 El Paso, TX 79905 | | | | Notice Only | Notice Only | Notice Only |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| Sheet no. <u>1</u> of <u>2</u> continuation sheets Subtotals (Totals of this page) > attached to Schedule of Creditors Holding Priority Claims Total > (Use only on last page of the completed Schedule E. Report also on the Summary of Schedules.) Totals > (Use only on last page of the completed Schedule E. If applicable, report also on the Statistical Summary of Certain Liabilities and Related Data.) | | | | | | | \$0.00 | \$0.00 | \$0.00 |
| | | | | | | | | | |
| | | | | | | | | | |

B6E (Official Form 6E) (04/13) - Cont.

In re **Jose Luis Rojas**

Case No. **14-31345**

(If Known)

AMENDED

SCHEDULE E - CREDITORS HOLDING UNSECURED PRIORITY CLAIMS

TYPE OF PRIORITY Administrative allowances

| CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.) | CODEBTOR HUSBAND, WIFE, JOINT, OR COMMUNITY | DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM | CONTINGENT UNLIQUIDATED DISPUTED | AMOUNT OF CLAIM | AMOUNT ENTITLED TO PRIORITY | AMOUNT NOT ENTITLED TO PRIORITY, IF ANY |
|--|---|--|--|-----------------------|-----------------------------------|---|
| ACCT #: Watson Law Firm, P.C. 1123 E. Rio Grande El Paso, Texas 79902 | - | DATE INCURRED: 08/18/2014 CONSIDERATION: Attorney Fees REMARKS: | | \$1,200.00 | \$1,200.00 | \$0.00 |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| Sheet no. 2 of 2 continuation sheets attached to Schedule of Creditors Holding Priority Claims Subtotals (Totals of this page) > Total > (Use only on last page of the completed Schedule E. Report also on the Summary of Schedules.) Totals > (Use only on last page of the completed Schedule E. If applicable, report also on the Statistical Summary of Certain Liabilities and Related Data.) | | | | \$1,200.00 | \$1,200.00 | \$0.00 |
| | | | | \$1,200.00 | | |
| | | | | | \$1,200.00 | \$0.00 |

Fill in this information to identify your case:

| | | | |
|---|----------------------------------|-------------|--------------|
| Debtor 1 | <u>Jose</u> | <u>Luis</u> | <u>Rojas</u> |
| | First Name | Middle Name | Last Name |
| Debtor 2 (Spouse, if filing) | _____ | _____ | _____ |
| | First Name | Middle Name | Last Name |
| United States Bankruptcy Court for the: | <u>WESTERN DISTRICT OF TEXAS</u> | | |
| Case number (if known) | <u>14-31345</u> | | |

Check if this is:

- ☒ An amended filing
- ☐ A supplement showing post-petition chapter 13 income as of the following date:

MM / DD / YYYY

Official Form B 6I

Schedule I: Your Income

12/13

Be as complete and accurate as possible. If two married people are filing together (Debtor 1 and Debtor 2), both are equally responsible for supplying correct information. If you are married and not filing jointly, and your spouse is living with you, include information about your spouse. If you are separated and your spouse is not filing with you, do not include information about your spouse. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

Part 1: Describe Employment**1. Fill in your employment information.**

If you have more than one job, attach a separate page with information about additional employers.

Include part-time, seasonal, or self-employed work.

Occupation may include student or homemaker, if it applies.

Employment status**Debtor 1**

- ☒ Employed
☐ Not employed

OccupationTechnologist**Employer's name**Southwest X-Ray LP**Employer's address**P O Box 220122

Number Street

Debtor 2 or non-filing spouse

- ☐ Employed
☐ Not employed

Number Street

El Paso

City

TX 79913

State Zip Code

City

State Zip Code

How long employed there? _____

Part 2: Give Details About Monthly Income

Estimate monthly income as of the date you file this form. If you have nothing to report for any line, write \$0 in the space. Include your non-filing spouse unless you are separated.

If you or your non-filing spouse have more than one employer, combine the information for all employers for that person on the lines below. If you need more space, attach a separate sheet to this form.

| | For Debtor 1 | For Debtor 2 or non-filing spouse |
|---|-------------------|-----------------------------------|
| 2. List monthly gross wages, salary, and commissions (before all payroll deductions). If not paid monthly, calculate what the monthly wage would be. | <u>\$3,588.00</u> | _____ |
| 3. Estimate and list monthly overtime pay. | <u>\$0.00</u> | _____ |
| 4. Calculate gross income. Add line 2 + line 3. | <u>\$3,588.00</u> | _____ |

14

Debtor 1 **Jose****Luis****Rojas**Case number (if known) **14-31345**

First Name

Middle Name

Last Name

| | | For Debtor 1 | For Debtor 2 or non-filing spouse |
|--|-------|-------------------|--------------------------------------|
| Copy line 4 here | → 4. | \$3,588.00 | |
| 5. List all payroll deductions: | | | |
| 5a. Tax, Medicare, and Social Security deductions | 5a. | \$702.00 | |
| 5b. Mandatory contributions for retirement plans | 5b. | \$0.00 | |
| 5c. Voluntary contributions for retirement plans | 5c. | \$0.00 | |
| 5d. Required repayments of retirement fund loans | 5d. | \$0.00 | |
| 5e. Insurance | 5e. | \$0.00 | |
| 5f. Domestic support obligations | 5f. | \$0.00 | |
| 5g. Union dues | 5g. | \$0.00 | |
| 5h. Other deductions. Specify: _____ | 5h. + | \$0.00 | |
| 6. Add the payroll deductions. Add lines 5a + 5b + 5c + 5d + 5e + 5f + 5g + 5h. | 6. | \$702.00 | |
| 7. Calculate total monthly take-home pay. Subtract line 6 from line 4. | 7. | \$2,886.00 | |
| 8. List all other income regularly received: | | | |
| 8a. Net income from rental property and from operating a business, profession, or farm Attach a statement for each property and business showing gross receipts, ordinary and necessary business expenses, and the total monthly net income. | 8a. | \$0.00 | |
| 8b. Interest and dividends | 8b. | \$0.00 | |
| 8c. Family support payments that you, a non-filing spouse, or a dependent regularly receive Include alimony, spousal support, child support, maintenance, divorce settlement, and property settlement. | 8c. | \$0.00 | |
| 8d. Unemployment compensation | 8d. | \$0.00 | |
| 8e. Social Security | 8e. | \$0.00 | |
| 8f. Other government assistance that you regularly receive Include cash assistance and the value (if known) or any non-cash assistance that you receive, such as food stamps (benefits under the Supplemental Nutrition Assistance Program) or housing subsidies. Specify: _____ | 8f. | \$0.00 | |
| 8g. Pension or retirement income | 8g. | \$0.00 | |
| 8h. Other monthly income. Specify: Rental Properties | 8h. + | \$785.00 | |
| 9. Add all other income. Add lines 8a + 8b + 8c + 8d + 8e + 8f + 8g + 8h. | 9. | \$785.00 | |
| 10. Calculate monthly income. Add line 7 + line 9. Add the entries in line 10 for Debtor 1 and Debtor 2 or non-filing spouse. | 10. | \$3,671.00 | \$3,671.00 |
| 11. State all other regular contributions to the expenses that you list in Schedule J. Include contributions from an unmarried partner, members of your household, your dependents, your roommates, and other friends or relatives. Do not include any amounts already included in lines 2-10 or amounts that are not available to pay expenses listed in Schedule J. Specify: _____ | 11. + | \$0.00 | |
| 12. Add the amount in the last column of line 10 to the amount in line 11. The result is the combined monthly income. Write that amount on the Summary of Schedules and Statistical Summary of Certain Liabilities and Related Data, if it applies. | 12. | \$3,671.00 | Combined monthly income |

Debtor 1 **Jose** **Luis** **Rojas** **14** Case number (if known) **14-31345**
First Name Middle Name Last Name

13. Do you expect an increase or decrease within the year after you file this form?



No.

None.



Yes. Explain:

Fill in this information to identify your case:

| | | | |
|---|----------------------------------|-------------|--------------|
| Debtor 1 | <u>Jose</u> | <u>Luis</u> | <u>Rojas</u> |
| | First Name | Middle Name | Last Name |
| Debtor 2 (Spouse, if filing) | _____ | _____ | _____ |
| | First Name | Middle Name | Last Name |
| United States Bankruptcy Court for the: | <u>WESTERN DISTRICT OF TEXAS</u> | | |
| Case number (if known) | <u>14-31345</u> | | |

Check if this is:

- ☒ An amended filing
- ☐ A supplement showing post-petition chapter 13 expenses as of the following date: _____
MM / DD / YYYY
- ☐ A separate filing for Debtor 2 because Debtor 2 maintains a separate household

Official Form B 6J

Schedule J: Your Expenses

12/13

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, attach another sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

Part 1: Describe Your Household

1. Is this a joint case?

- ☒ No. Go to line 2.
- ☐ Yes. **Does Debtor 2 live in a separate household?**
- ☐ No
- ☐ Yes. Debtor 2 must file a separate Schedule J.

2. Do you have dependents?

Do not list Debtor 1 and Debtor 2.

Do not state the dependents' names.

☒ No

☐ Yes. Fill out this information for each dependent.....

| Dependent's relationship to Debtor 1 or Debtor 2 | Dependent's age | Does dependent live with you? |
|--|-----------------|-------------------------------|
| _____ | _____ | <input type="checkbox"/> No |
| _____ | _____ | <input type="checkbox"/> Yes |
| _____ | _____ | <input type="checkbox"/> No |
| _____ | _____ | <input type="checkbox"/> Yes |
| _____ | _____ | <input type="checkbox"/> No |
| _____ | _____ | <input type="checkbox"/> Yes |
| _____ | _____ | <input type="checkbox"/> No |
| _____ | _____ | <input type="checkbox"/> Yes |

3. Do your expenses include expenses of people other than yourself and your dependents?

- ☒ No
- ☐ Yes

Part 2: Estimate Your Ongoing Monthly Expenses

Estimate your expenses as of your bankruptcy filing date unless you are using this form as a supplement in a Chapter 13 case to report expenses as of a date after the bankruptcy is filed. If this is a supplemental Schedule J, check the box at the top of the form and fill in the applicable date.

Include expenses paid for with non-cash government assistance if you know the value of such assistance and have included it on Schedule I: Your Income (Official Form B 6I.)

Your expenses

4. The rental or home ownership expenses for your residence.
Include first mortgage payments and any rent for the ground or lot.

4. \$2,154.00

If not included in line 4:

- 4a. Real estate taxes
- 4b. Property, homeowner's, or renter's insurance
- 4c. Home maintenance, repair, and upkeep expenses
- 4d. Homeowner's association or condominium dues

4a. _____

4b. _____

4c. _____

4d. _____

Debtor 1 **Jose** **Luis** **Rojas** Case number (if known) **14-31345**
 First Name Middle Name Last Name

Your expenses

| | | |
|--|------|-----------------|
| 5. Additional mortgage payments for your residence, such as home equity loans | 5. | _____ |
| 6. Utilities: | | |
| 6a. Electricity, heat, natural gas | 6a. | \$100.00 |
| 6b. Water, sewer, garbage collection | 6b. | \$60.59 |
| 6c. Telephone, cell phone, Internet, satellite, and cable services | 6c. | \$32.41 |
| 6d. Other. Specify: cell phone | 6d. | \$60.00 |
| 7. Food and housekeeping supplies | 7. | \$371.00 |
| 8. Childcare and children's education costs | 8. | _____ |
| 9. Clothing, laundry, and dry cleaning | 9. | _____ |
| 10. Personal care products and services | 10. | _____ |
| 11. Medical and dental expenses | 11. | _____ |
| 12. Transportation. Include gas, maintenance, bus or train fare. Do not include car payments. | 12. | _____ |
| 13. Entertainment, clubs, recreation, newspapers, magazines, and books | 13. | _____ |
| 14. Charitable contributions and religious donations | 14. | _____ |
| 15. Insurance. Do not include insurance deducted from your pay or included in lines 4 or 20. | | |
| 15a. Life insurance | 15a. | _____ |
| 15b. Health insurance | 15b. | _____ |
| 15c. Vehicle insurance | 15c. | _____ |
| 15d. Other insurance. Specify: Payment on Rental Property | 15d. | \$455.00 |
| 16. Taxes. Do not include taxes deducted from your pay or included in lines 4 or 20. Specify: _____ | 16. | _____ |
| 17. Installment or lease payments: | | |
| 17a. Car payments for Vehicle 1 | 17a. | _____ |
| 17b. Car payments for Vehicle 2 | 17b. | _____ |
| 17c. Other. Specify: Homeowner Association | 17c. | \$120.00 |
| 17d. Other. Specify: _____ | 17d. | _____ |
| 18. Your payments of alimony, maintenance, and support that you did not report as deducted from your pay on line 5, Schedule I, Your Income (Official Form B 6I). Medical in lieu of child sup. | 18. | \$118.00 |
| 19. Other payments you make to support others who do not live with you. Specify: _____ | 19. | _____ |
| 20. Other real property expenses not included in lines 4 or 5 of this form or on Schedule I: Your Income. | | |
| 20a. Mortgages on other property | 20a. | _____ |
| 20b. Real estate taxes | 20b. | _____ |
| 20c. Property, homeowner's, or renter's insurance | 20c. | _____ |
| 20d. Maintenance, repair, and upkeep expenses | 20d. | _____ |
| 20e. Homeowner's association or condominium dues | 20e. | _____ |

14

Debtor 1 **Jose** **Luis** **Rojas** Case number (if known) **14-31345**
 First Name Middle Name Last Name

21. Other. Specify: _____ 21. + _____

22. **Your monthly expenses.** Add lines 4 through 21.
 The result is your monthly expenses.

22. **\$3,471.00**

23. **Calculate your monthly net income.**

23a. Copy line 12 (your combined monthly income) from Schedule I.

23a. **\$3,671.00**

23b. Copy your monthly expenses from line 22 above.

23b. - **\$3,471.00**

23c. Subtract your monthly expenses from your monthly income.
 The result is your monthly net income.

23c. **\$200.00**

24. **Do you expect an increase or decrease in your expenses within the year after you file this form?**

For example, do you expect to finish paying for your car loan within the year or do you expect your mortgage payment to increase or decrease because of a modification to the terms of your mortgage?

☒ No.

☐ Yes. Explain here:

None.

**UNITED STATES BANKRUPTCY COURT
WESTERN DISTRICT OF TEXAS
EL PASO DIVISION**

In re **Jose Luis Rojas**Case No. **14-31345**Chapter **13**

**AMENDED
SUMMARY OF SCHEDULES**

Indicate as to each schedule whether that schedule is attached and state the number of pages in each. Report the totals from Schedules A, B, D, E, F, I, and J in the boxes provided. Add the amounts from Schedules A and B to determine the total amount of the debtor's assets. Add the amounts of all claims from Schedules D, E, and F to determine the total amount of the debtor's liabilities. Individual debtors also must complete the "Statistical Summary of Certain Liabilities and Related Data" if they file a case under chapter 7, 11, or 13.

| NAME OF SCHEDULE | ATTACHED (YES/NO) | NO. OF SHEETS | ASSETS | LIABILITIES | OTHER |
|---|----------------------|------------------|--------------|--------------|--------------|
| A - Real Property | No | 1 | \$901,603.00 | | |
| B - Personal Property | No | 4 | \$5,620.00 | | |
| C - Property Claimed as Exempt | No | 1 | | | |
| D - Creditors Holding Secured Claims | No | 3 | | | \$668,060.62 |
| E - Creditors Holding Unsecured Priority Claims (Total of Claims on Schedule E) | Yes | 3 | | | \$1,200.00 |
| F - Creditors Holding Unsecured Nonpriority Claims | No | 2 | | | \$6,286.00 |
| G - Executory Contracts and Unexpired Leases | No | 1 | | | |
| H - Codebtors | No | 1 | | | |
| I - Current Income of Individual Debtor(s) | Yes | 3 | | | |
| J - Current Expenditures of Individual Debtor(s) | Yes | 3 | | | |
| TOTAL | | 22 | \$907,223.00 | \$675,546.62 | |

**UNITED STATES BANKRUPTCY COURT
WESTERN DISTRICT OF TEXAS
EL PASO DIVISION**

In re **Jose Luis Rojas**Case No. **14-31345**Chapter **13****AMENDED****STATISTICAL SUMMARY OF CERTAIN LIABILITIES AND RELATED DATA (28 U.S.C. § 159)**

If you are an individual debtor whose debts are primarily consumer debts, as defined in § 101(8) of the Bankruptcy Code (11 U.S.C. § 101(8)), filing a case under chapter 7, 11, or 13, you must report all information requested below.

☐ Check this box if you are an individual debtor whose debts are NOT primarily consumer debts. You are not required to report any information here.

This information is for statistical purposes only under 28 U.S.C. § 159.

Summarize the following types of liabilities, as reported in the Schedules, and total them.

| Type of Liability | Amount |
|---|---------------|
| Domestic Support Obligations (from Schedule E) | \$0.00 |
| Taxes and Certain Other Debts Owed to Governmental Units (from Schedule E) | \$0.00 |
| Claims for Death or Personal Injury While Debtor Was Intoxicated (from Schedule E) (whether disputed or undisputed) | \$0.00 |
| Student Loan Obligations (from Schedule F) | \$0.00 |
| Domestic Support, Separation Agreement, and Divorce Decree Obligations Not Reported on Schedule E | \$0.00 |
| Obligations to Pension or Profit-Sharing, and Other Similar Obligations (from Schedule F) | \$0.00 |
| TOTAL | \$0.00 |

State the following:

| | |
|--|-------------------|
| Average Income (from Schedule I, Line 12) | \$3,671.00 |
| Average Expenses (from Schedule J, Line 22) | \$3,471.00 |
| Current Monthly Income (from Form 22A Line 12; OR, Form 22B Line 11; OR, Form 22C Line 20) | \$6,000.00 |

State the following:

| | | |
|--|-------------------|-------------------|
| 1. Total from Schedule D, "UNSECURED PORTION, IF ANY" column | | \$0.00 |
| 2. Total from Schedule E, "AMOUNT ENTITLED TO PRIORITY" column. | \$1,200.00 | |
| 3. Total from Schedule E, "AMOUNT NOT ENTITLED TO PRIORITY, IF ANY" column | | \$0.00 |
| 4. Total from Schedule F | | \$6,286.00 |
| 5. Total of non-priority unsecured debt (sum of 1, 3, and 4) | | \$6,286.00 |

B6 Declaration (Official Form 6 - Declaration) (12/07)

In re **Jose Luis Rojas**

Case No. **14-31345**
(if known)

AMENDED
DECLARATION CONCERNING DEBTOR'S SCHEDULES
DECLARATION UNDER PENALTY OF PERJURY BY INDIVIDUAL DEBTOR

I declare under penalty of perjury that I have read the foregoing summary and schedules, consisting of **11** sheets, and that they are true and correct to the best of my knowledge, information, and belief.

Date **11/26/2014**

Signature **/s/ Jose Luis Rojas**
Jose Luis Rojas

Date _____

Signature _____

[If joint case, both spouses must sign.]